

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-006485

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 847

FILED FEB 26 1963

VS 300 Rev. 4/59	DATE AMENDED
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23438	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>42 yrs.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2637 Campbell</b>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>-</b> Last <b>DELGADO</b>		4. DATE OF DEATH Month <b>2</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-22-19 43</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Trimmer</b>		11. BIRTHPLACE (City and state or country) <b>Guadalupe, Jalisco, U.S.A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.</b>		12. CITIZEN OF WHAT COUNTRY <b>Mexico</b>	
13a. FATHER'S NAME <b>Henry Delgado</b>		14. NAME OF HUSBAND OR WIFE <b>Eloise Velasquez Delgado</b>	
13b. MOTHER'S MAIDEN NAME <b>Tomasa Trieto</b>		17. INFORMANT Address <b>K.C., Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W W 2</b>		16. SOCIAL SECURITY NO. <b>Mrs. Eloise Delgado, 2637 Campbell</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Hypertension</b> DUE TO (b) <b>Hypostatic Congestion of the Lungs</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item-18.)	
20c. TIME OF INJURY Hour <b></b> s.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b></b> COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b></b> to <b></b> and last saw her alive on <b></b> Death occurred at <b></b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>		22b. ADDRESS <b>152 Union Station</b>	
22c. DATE SIGNED <b>2-8-63</b>		(State) <b></b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-9-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mount Saint Mary's Cem.</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (W)</b>		25. DATE RECD. BY LOCAL REG. <b>2-8-63</b>	
ADDRESS <b>K.C., MO.</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

(Licensed Embalmer's Statement on Reverse Side)

If this body is not embalmed, fact should be so stated above.